



Connecticut General Life Insurance Company AS AGENT FOR AMERICAN RED CROSS

ANNE VERRILL
214 MORTON ROAD
YARMOUTH ME 04096-5706

Customer service

Call the number on the back of your ID card or
(855) 272-7677
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your reference number ready.*

Service date

July 11, 2012

Reference # / ID

7651221295033 / U44694605

Account name / Account #

AMERICAN RED CROSS / 3334660

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Explanation of benefits

for a claim received for EMMA B VERRILL, Reference # 7651221295033

Summary of a claim for services on July 11, 2012

for services provided by WALTER F KELLER DO

Amount Billed	\$160.27	This was the amount that was billed for your visit on 07/11/2012.
Discount	\$88.51	You saved \$88.51. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$57.41	Your plan paid \$57.41 to WALTER F KELLER DO.
What I owe	\$14.35	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div><div>91%</div></div>	You saved \$145.92 (or 91%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



815200598705



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Service date

July 23, 2012

Reference # / ID

7651221499688 / U44694605

Account name / Account

AMERICAN RED CROSS / 3334660

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for any amount that you owe.

Explanation of benefits

for a claim received for EMMA B VERRILL, Reference # 7651221499688

Summary of a claim for services on July 23, 2012

for services provided by VIKTOR BALLADA MD

Amount Billed	\$513.80	This was the amount that was billed for your visit on 07/23/2012.
Discount	\$445.82	You saved \$445.82. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$54.38	Your plan paid \$54.38 to VIKTOR BALLADA MD.
What I owe	\$13.60	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	97%	You saved \$500.20 (or 97%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



815200598709

H701A 7/09



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Service date

July 11, 2012

Reference # / ID

7651221295234 / U44694605

Account name / Account #

AMERICAN RED CROSS / 3334660

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Explanation of benefits

for a claim received for EMMA B VERRILL, Reference # 7651221295234

Summary of a claim for services on July 11, 2012

for services provided by MERCY HSP

Amount Billed	\$20.15	This was the amount that was billed for your visit on 07/11/2012.
Discount	\$2.01	You saved \$2.01. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$14.51	Your plan paid \$14.51 to MERCY HSP.
What I owe	\$3.63	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	81%	You saved \$16.52 (or 81%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



815200598707

H701A 7/09



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Service date

August 13, 2012

Reference # / ID

7651224899007 / U44694605

Account name / Account #

AMERICAN RED CROSS / 3334660

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Explanation of benefits

for a claim received for EMMA B VERRILL, Reference # 7651224899007

Summary of a claim for services on August 13, 2012

for services provided by ERIC S ROSENBERG MD

Amount Billed	\$30.00	This was the amount that was billed for your visit on 08/13/2012.
Discount	\$0.00	CIGNA negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit myCIGNA.com or call Customer Service to learn more.
Amount not covered	\$30.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.





Claim received for EMMA B VERRILL
 Reference # 7651224899007
 ID U44694605

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on September 4, 2012 and processed it on September 11, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan Deductible	What your plan paid	% paid	Coinsurance*	See notes
ERIC S ROSENBERG MD, Reference # 7651224899007										
08/13/12	PATHOLOGIST	30.00	0.00	30.00	0.00	0.00	0.00	0	0.00	A
Total		\$30.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
 The percentage of covered expenses you are responsible for is called coinsurance.

Notes

A - THIS CHARGE IS DENIED AS THE MODIFIER SUBMITTED WITH THE PROCEDURE CODE IS INAPPROPRIATE ACCORDING TO CPT GUIDELINES. A CORRECTED CLAIM MAY BE SUBMITTED ALONG WITH A COPY OF THIS EOP TO THE ABOVE ADDRESS. THE PATIENT IS NOT RESPONSIBLE TO PAY THIS AMOUNT.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
Maine	Consumer for Affordable Health Care, 12 Church Street, PO Box 2490, Augusta, ME 04338-2490 Telephone: (800) 965-7476 Website: www.maineahc.org Email: consumerhealth@maineacahc.org



Claim received for EMMA B VERRILL
 Reference # 7651224899006
 ID U44694605

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on September 4, 2012 and processed it on September 11, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan Deductible	% paid	Coinsurance*	See notes
JOHN A BRANDA MD, Reference # 7651224899006									
08/13/12	PATHOLOGIST	30.00	0.00	30.00	0.00	0.00	0.00	0	A
Total		\$30.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
 The percentage of covered expenses you are responsible for is called coinsurance.

Notes

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ANNE VERRILL
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Service date

August 13, 2012

Reference # / ID

7651224899006 / U44694605

Account name / Account #

AMERICAN RED CROSS / 3334660

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Explanation of benefits

for a claim received for EMMA B VERRILL, Reference # 7651224899006

Summary of a claim for services on August 13, 2012

for services provided by JOHN A BRANDA MD

Amount Billed	\$30.00	This was the amount that was billed for your visit on 08/13/2012.
Discount	\$0.00	CIGNA negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit myCIGNA.com or call Customer Service to learn more.
Amount not covered	\$30.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.



836550622003

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Post Hospital Patient Care Plan

Discharged To: Home

At Home Services:

None Indicated

List of Home Health Agencies provided to patient/designee

Signature _____

Instructions at Home**Medications:**

o Please see your medications listed on the *Patient Medication List on Discharge* form

Nursing:

Alt in skin-

Please shower daily and if not showering please gently wash wounds.

Please apply bacitracin to L thigh donor site with aseptec and dry dressing.

Please apply a thin layer of bacitracin to edges and apply abd pad.

Alt in Pain-

Please take pain meds as prescribed and as pain decreases please decrease use.

Alt in Gu/GI-Please increase your fluid and fiber intake to prevent constipation. Please continue with bowel regimen.

Risk for ID-Please monitor for s/s of infection such as an increase in pain, a different type of pain, redness, foul smelling draining, nausea vomiting chills and temp greater than 100.5-Please call MD.

o Written Instructions Provided

Diet:

o No Restrictions

Activity:

No Restrictions

Treatments:

Treatments/Wound Care:



Claim received for EMMA B VERRILL
 Reference # 7651223693276
 ID U44694605



THIS IS NOT A BILL

Claim detail

CIGNA received this claim on August 23, 2012 and processed it on August 29, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ What your plan Deductible	What your plan paid	% paid	Coinsurance*	See notes
JEREMY GOVERMAN MD, Reference # 7651223693276										
08/13/12	SURGERY	3,039.00	1,246.72	0.00	1,792.28	0.00	1,433.82	80	358.46	A
08/13/12	SURGERY	1,181.00	623.86	0.00	557.14	0.00	445.71	80	111.43	A
Total		\$4,220.00	\$1,870.58	\$0.00	\$2,349.42	\$0.00	\$1,879.53		\$469.89	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
 The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$2,658.18 toward your \$6,000 out of network deductible for 2012
 You've paid a total of \$2,658.18 toward your \$3,000 IN NETWORK DEDUCTIBLE for 2012
 You've paid a total of \$4,303.98 toward your \$22,000 out of network out of pocket expenses for 2012
 You've paid a total of \$4,303.98 toward your \$11,000 in network out of pocket expenses for 2012

Notes

A - THANK YOU FOR USING THE TUFTS HEALTH PLAN NETWORK. THIS REPRESENTS YOUR SAVINGS, SO YOU ARE NOT REQUIRED TO PAY THIS AMOUNT. THIS PROVIDER IS PROHIBITED FROM BILLING THE PATIENT FOR THE DIFFERENCE. IF YOU HAVE ALREADY PAID THE FULL AMOUNT, PLEASE REQUEST REIMBURSEMENT FROM YOUR PROVIDER.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

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Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GB126A

Patient Care Referral Form

o IBUPROFEN (MOTRIN) 400 MG PO Q6H PRN: Headache On Discharge
Last Dose Given: 08/14/2012 at 11:33 AM

o OXYCODONE 5 MG PO Q4H PRN: Pain On Discharge

Medication Reconciliation

Discharge medications have been reviewed/reconciled with the pre-admission medication list.

Diet

o No Restrictions

Activities

o No Restrictions

Treatments

o Treatments/Wound Care:

1. Shower daily with soap and water
2. Apply bacitracin, adapic and DSD to donor site daily
3. Apply bacitracin to buttock wound every other day, cover with DSD

Other

o It will be important to decrease the dose of narcotic pain medication as the pain decreases. Drink more fluids or take Colace while on narcotics to prevent constipation. We will discuss other forms of pain medication with you when you come for your clinic appointment. Do not drink alcohol, drive, or enter into any contracts while taking pain medication.

If antibiotics were prescribed to you when you were discharged, please finish all the medication. If for some reason you discontinue this medication please notify us.

Continue/resume all pre-hospital medications.

You may not return to work until all wounds are healed and you are seen in the Outpatient Clinic.

Your primary care physician was notified of your admission. He or she should contact our office if a copy of the discharge summary is desired.

If you, a family member, or friend smoke or use tobacco products, please consider using these resources to help you quit:

MGH Tobacco Treatment Service: 617-726-7443
Massachusetts Smokers' Helpline:
1-800-TRY-TO-STOP
1-800-8DEJAO (En Español/ Em Português)
1-800-TDD-1477 (Hearing Impaired)

Follow-up Appointments:

o Appointment with Burn Clinic located at big 13 1303 on 08/28/12 01:00 pm phone: (617) 726-3712

Comments: please call if unable to make appt.

Electronically Signed: Maryelizabet Bilodeau, N.P.

Date: 08/20/2012 09:32:19AM

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Patient Care Referral Form

Will you follow the patient? No

End of Report

Massachusetts General Hospital

55 Fruit Street Boston, MA 02114
(617)726-2000

Patient MGH ID #: 4153827
Patient Name: VERRILL, EMMA
Admit Date: 08/13/2012
Discharge Date: 8/20/2012
Gender: F
Patient DOB: 05/10/1988
Location: GBI26A

Nursing Discharge Note

Discharged From: GBI26A

Discharged Via: Family Vehicle

Accompanied By: family

Destination Address: 214 MORTON RD YARMOUTH, ME 04096

Destination Phone: (207) 846-9812

Name of Agency for Home Care Referral

No Post Acute Provider Information Entered

Medical Diagnosis/Surgery:

Principal Diagnosis:

Burn

Associated Diagnosis:

Paraplegia

Operations & Procedures

8/13 - Excision and grafting with autograft to left buttock burn and placement of VAC

Current Patient Condition:

VSS, AFEB. Pt independent with care. Pt showered and baci and adeptic to L thigh donor site and baci to edges on graft to buttocks with abd pad. No c/o pain. And tolerating PO's without difficulty. Wounds are clear and exhibit no s/s of infection. Mother and daughter taught how to do dressing.

Life-Sustaining Treatment (Code Status) at Discharge

Full Code (discussed with patient/surrogate) Entered by: Yufei Chen, M.D.

Medications

o OXYBUTYNIN CHLORIDE (DITROPAN) 15 MG PO QPM On Discharge
Last Dose Given: 08/19/2012 at 07:37 PM

o BACLOFEN 30 MG PO BID On Discharge
Last Dose Given: 08/20/2012 at 09:37 AM

o TIZANIDINE 4 MG PO QPM On Discharge
Last Dose Given: 08/19/2012 at 09:28 PM

o IBUPROFEN (MOTRIN) 400 MG PO Q6H PRN: Headache On Discharge
Last Dose Given: 08/14/2012 at 11:33 AM

o OXYCODONE 5 MG PO Q4H PRN: Pain On Discharge

Medication Reconciliation

Discharge medications have been reviewed/reconciled with the pre-admission medication list.